

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

11/18/2003 AOSMAN1 00000014 10712053

01 FC:2001	385.00 OP
02 FC:2202	27.00 OP

Adjustment date: 03/09/2004 HDEMESS1	
11/18/2003 AOSMAN1 00000014 10712053	
02 FC:2202	-27.00 OP

Repln. Ref: 03/09/2004 HDEMESS1 0007530500	
DAH:021010 Name/Number:10712053	
FC: 9204	\$27.00 CR

PTO-1556  
(5/87)

Application Number: 10712053

Date: 02/10/04

osman

## Data Needed For Keying This Application:

Please check what is wrong with the case.

## SCANNERS

- 1 Application missing
- 2 Sheets missing from application, pages \_\_\_\_\_
- 3 Declaration/oath missing
- 4 Drawings or Figures missing
- 5 Filing date not correct, should be \_\_\_\_/\_\_\_\_/\_\_\_\_

## CLASSIFIERS

- 1 Group Art Unit, Class
- 2 Foreign Filing License Granted
- 3 Screening

## RAM

- 1 Filing fee not correct, should be \$ \_\_\_\_\_ Code \_\_\_\_\_
- 2 Serial number was posted incorrectly, correct no. \_\_\_\_\_
- 3 No initial authorization to charge this account
- Refund \$ (27) From Code 2202 To Code \_\_\_\_\_
- 4 Change of codes \$ \_\_\_\_\_ To Code \_\_\_\_\_
- 5 Check of Charge \$ \_\_\_\_\_ Code \_\_\_\_\_
- 6 Claims are counted incorrectly
- 7 Preliminary Amendment adds or cancels claims/multiple claims deleted or added.
- 8 Applicant is/is not entitled to Small Entity Fees

Adjustment date: 03/09/2004 HDEMESS1  
11/18/2003 AOSMAN1 00000014 10712053  
02 FC:2202 -27.00 DP

QCER NAME: Tschaye  
RETURN TO: Etagein  
BUILDING: CRYSTAL PLAZA 2

HANH LE  
LOCATION CODE: 0430  
ROOM NUMBER: 7D-24

Repln. Ref: 03/09/2004 HDEMESS1 0007530500  
DAH:021010 Name/Number:10712053  
FC: 9204 \$27.00 CR

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Adila  
10-23  
10712053

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	(4) 5	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	(4) minus 20 =	* 0
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	385

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.